

Achieving meaningful use going forward with the EHR and integrated Service-lead initiatives

The Quadruple Aim: Working Together, Achieving Success
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#### **Track C Summary**





# Track C Meaningful Use Summary



- Explained current Meaningful Use regulations
- Explained how the MHS plans to meet the 2011 Meaningful Use requirements via its existing systems and enhancements

#### **Patient Portal Vision**



#### Desired Component Capabilities of a Patient Portal

- Secure Patient-Provider Messaging
- Self-Appointing
- Personal Health Record
- Family History
- Health Information/Patient Education Materials
- Pharmacy Refill
- Preventive Health Tools/Reminders

- Disease Management Tools
- Pre-visit Questionnaires and Health Risk Assessments
- Advance Directives
- Claims History
- Links to Other Capabilities:
   Benefits, Enrollment,
   Personnel and Readiness

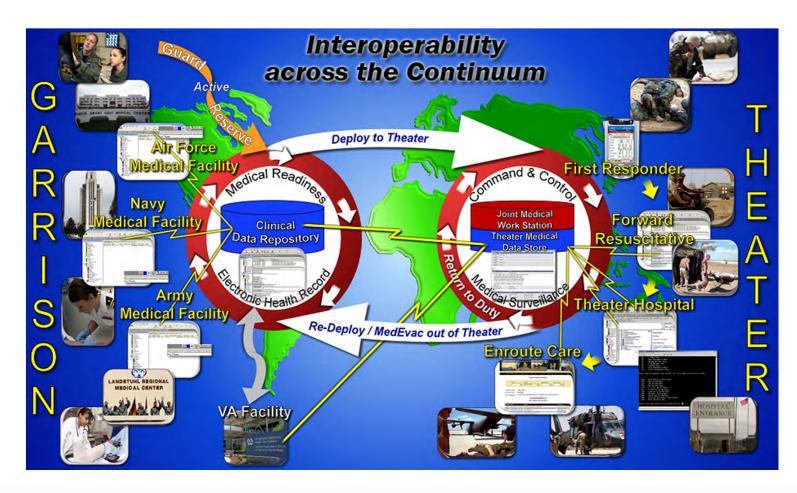
## **Planned Improvements**



- TOL Look and Feel Improvements
- Health.mil link to TOL
- eBenefits Federation to TOL
- CHART Enhanced Health Assessment
- eForms Access
- Secure messaging Pilot Support
- Personal Health Data
- Family Doctor link

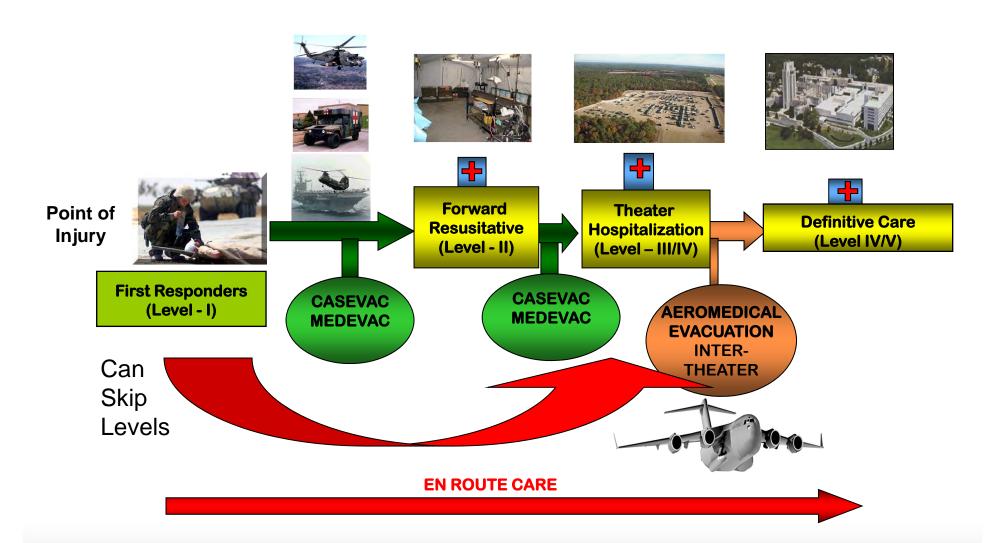
#### **Continuum of Care**





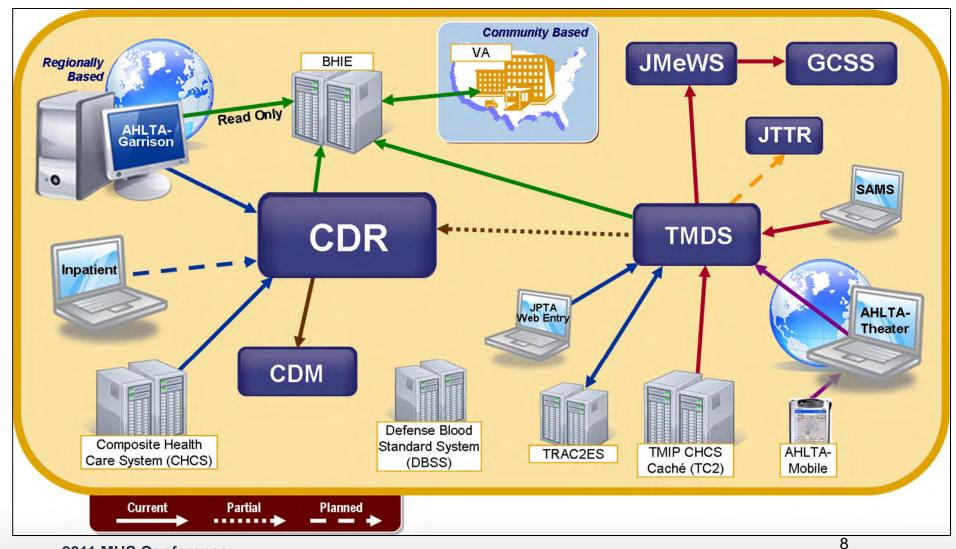
## **Treatment/Patient Movement Flow**





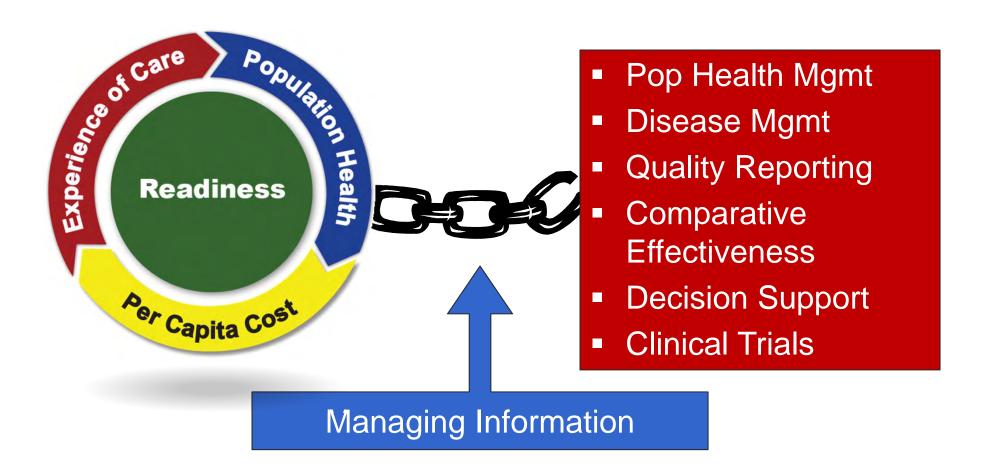
# **EHR Data Flow to Support the** Continuum of Care





## **Connecting Strategy and eHealth**





# **M2 BOXI Expanded Features**



- Business Intelligence to Support Quadruple Aim
  - Dynamic Report Development and Viewing
    - M2 users can tailor reports to assess:
      - Enrollee Utilization (Pop Health, Per Capita Cost)
      - MCSC Claims Analysis (Per Capita Cost)
      - GME Provider Practice Experience (Readiness)
      - Pharmacy Trends
    - Mine your data along many dimensions:
      - Market Areas (Catchment Area)
      - Enrollment Locations (MTF and Network Prime)
      - Beneficiary Category, Sponsor Service, Age, Gender and MORE!



# DoD/VA Health IT Data Sharing to Benefit Our Patients



- Types and locations of patients and their data
- Types of data that are being shared between the DoD and VA
- Access that providers currently have through DoD and VA health systems to access health data
- Factors influencing the need to broaden data sharing initiatives to include private sector and other agency providers

# Using IT and Social Media to Connect, Collaborate, & Communicate



 Changes, Challenges, and Solutions for communicating with Beneficiaries and Stakeholders

# Big Things on the Horizon for the EHR and Communicating with Our Partners



- James A Lovell Federal Health Care Center (JAL FHCC)
- Virtual Lifetime Electronic Record (VLER)
- Electronic Health Records (EHR) Way Forward
- National Health Focus

# Using Technology to Achieve the Patient Centered Medical Home – Army



- Introduced the suite of information technology tools that have been implemented
- Described how the tools are improving provider satisfaction, provider productivity, and clinical care
- Described how these tools are being used to implement the Patient Centered Medical Home care model

# Possible Future Changes to MU Policy (Source: CMS Brief)



- Intend to propose 2 additional Stages through future rulemaking.
- Future Stages will expand upon Stage 1 criteria.
- Stage 1 menu set will be transitioned into core set for Stage 2
- CPOE measurement will go to 60% (MHS currently compliant)
- Administrative transactions will be added
- Will reevaluate other measures possibly higher thresholds
- Stage 3 will be further defined in next rulemaking

# Stage 1 Final with Stage 2 and 3 Proposed Objectives from the Request for Comments from HHS



Improve Quality, Safety, and Efficiency Objectives			
Stage 1 Final	Stage 2 Prop	Stage 3 Prop	
Use CPOE for medication orders (30%)	CPOE for at least 1 med, and 1 lab or rad order 60%	CPOE for at least 1 med, and 1 lab or rad order 80%	
Drug-drug/drug-allergy interaction checks	Employ on appropriate evidence-based interactions	Add drug age, drug dose, drug lab, and drug condition checking	
E-Prescribing (40%)	50%	80%	
Record demographics (50%)	80%	90%	
Record vital signs (50%)	80%	80%	
Record smoking status (50%)	80%	90%	



Improve Quality, Safety, and Efficiency Objectives			
Stage 1 Final	Stage 2 Prop	Stage 3 Prop	
Implement 1 CDS rule	Use CDS to improve performance on high-priority health conditions.	Use CDS to improve performance on high-priority health conditions.	
Implement drug formulary checks	Move current measure to core	80% of medication orders are checked against relevant formularies	
Record existence of advance directives (EH) (50%)	Make core requirement. For EP and EH 50% of patients >=65 have recorded in EHR	90%	



Improve Quality, Safety, and Efficiency Objectives			
Stage 1 Final	Stage 2 Prop	Stage 3 Prop	
Lab results as structured data (40%)	Move current measure to core	90% of lab results electronically ordered by EHR are stored as structured and reconciled with orders	
Generate patient lists for specific conditions	Make core. Generate lists for multiple patient-specific parameters	Patient lists are used to manage patients for high-priority health conditions	
Sent patient reminders (20%)	Make core	20% of active patients who prefer to receive reminders electronically receive preventive or follow-up reminders	



Imp	Improve Quality, Safety, and Efficiency Objectives			
Stage 1 Final	Stage 2 Prop	Stage 3 Prop		
None	30% of visits have at least one electronic EP note	90%		
None	30% of EH patient days have at least one electronic note by a physician, NP, or PA	80%		
None	30% of EH medication orders automatically tracked via electronic medication administration recording	80%		



Engage Patients and Families in Their Care Objectives			
Stage 1 Final	Stage 2 Prop	Stage 3 Prop	
Provide electronic copy of health information upon request (50%)	Continue Stage 1	90% of patients have timely access to copy of health information from EHR upon request	
Provide electronic copy of discharge instructions (EH) at discharge (50%)	80%	90%	
EHR-enabled patient specific educational resources (10%)	Continue Stage 1	20%	



Engage Patients and Families in Their Care Objectives			
Stage 1 Final	Stage 2 Prop	Stage 3 Prop	
None	80% of patients offered the ability to view and download via a web-based portal relevant information contained in record about EH inpatient encounters	Same	
Provide clinical summaries for each office visit (EP) (50%)	Patients have ability to view and download relevant information about a clinical encounter within 24 hours. Follow-up tests linked to orders and available in future summaries of the encounter.	Same	
Provide timely electronic access (EP) (10%)	Patients have ability to view and download information in longitudinal record within 4 days of data being available and can filter and organize by date, etc.	Same	



Engage Patients and Families in Their Care Objectives			
Stage 1 Final	Stage 2 Prop	Stage 3 Prop	
Provide timely electronic access (EP) and Provide clinical summaries for each office visit (EP)	EPs: 20% of patients with web access use a web-based portal to access their information.	30%	
None	EPs: online secure patient messaging is in use	Same	
None	Patient preferences for communication medium recorded for 20% of patients	80%	



Enga	Engage Patients and Families in Their Care Objectives			
<b>Stage 1 Final</b>	age 1 Final Stage 2 Prop Stage 3 Prop			
None	None	Offer electronic self-management tools to patients with high priority health conditions		
None	None	EHRs have capability to exchange data with PHRs using standards-based health data exchange		
None	None	Patients offered capability to report experience of care measures online		
None	None	Offer capability to upload and incorporate patient-generated data into EHRs and clinician workflow		



Improve Care Coordination Objectives			
Stage 1 Final	Stage 2 Prop	Stage 3 Prop	
Perform test of HIE	Connect to at least three external providers in "primary referral network" or establish ongoing bidirectional connection to one HIE	Connect to at least 30% of external providers in "primary referral network" or establish ongoing bidirectional connection to one HIE	
Perform medication reconciliation (50%)	80%	90%	
Provide summary of care record (50%)	Move to Core	80%	



Improve Care Coordination Objectives			
Stage 1 Final	Stage 2 Prop	Stage 3 Prop	
None	List of care team members (including PCP) available for 10% of patients in EHR	50%	
None	Record a longitudinal care plan for 20% of patients with high-priority health conditions	50%	



Improve Population and Public Health Objectives			
Stage 1 Final	Stage 2 Prop	Stage 3 Prop	
Submit immunization data	EH and EP: Mandatory test. Some immunizations are submitted on an ongoing basis to Immunization Information System (IIS) as required by law	Same + during well child/adult visits provides review IIS records via their EHR	
Submit reportable lab data	EH: move to core EP: Lab reporting menu – ensure reportable lab results and conditions are submitted to public health agencies	Mandatory test. EH: submit reportable lab results and reportable conditions. Complete contact information on 30% of reports.	



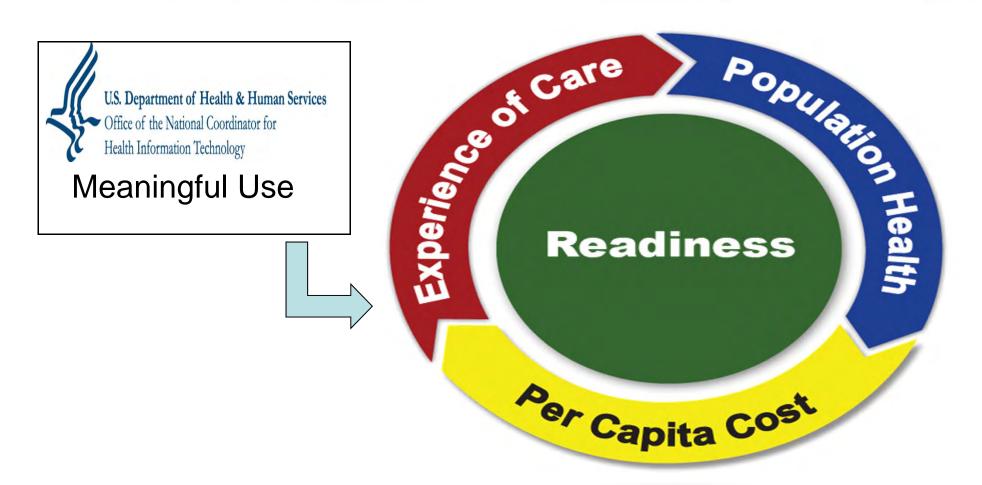
Improve Population and Public Health Objectives		
Stage 1 Final	Stage 2 Prop	Stage 3 Prop
Submit syndromic surveillance data	Move to core	Mandatory test; submit if accepted
None	None	Public Health Button for Eh and EP: Mandatory test and submit if accepted. Submit notifiable conditions using reportable public-health submission button.
None	None	Patient-generated data submitted to public health agencies

# **Panel Discussion - Looking Forward**



#### **Track C Summary**





# MHS Quadruple Aim